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ORIENTATION OF NEW LOCAL HEALTH OFFICERS

October 2000



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For more information or
additional copies contact:

Public Health Systems Planning and Development
1102 SE Quince Street
PO Box 47815
Olympia, Washington 98504-7815

(360) 236-4081
FAX (360) 236-4088

Mary Selecky
Secretary of Health

*Dedicated to **John Beare, MD, MPH** (who served at the state level from 1964 until 1989 as Head, TB and VD Control; Chief, Division of Epidemiology; Chief, Office of Local Health Services; Deputy Assistant DSHS Secretary, Community Organization and Services, Division of Health; Director, Division of Health; Chief, Office of Disease Prevention and Control, Division of Health and as the representative of DOH and DSHS on the State Board of Health) for reminding us of this important activity.*

Special acknowledgements to:

Jeanette Stehr-Green, MD, Editor
Department of Health

Joan Brewster
*Department of Health – Public Health
Systems Planning and Development
(Director)*

Simana Dimitrova
*Department of Health – Public Health
Systems Planning and Development*

Jim Gale, MD, MPH
*Kittitas County Health Department (Local
Health Officer)*

Maxine Hayes, MD, MPH
*Department of Health (State Health
Officer)*

Torie Hernandez
*Department of Health – Washington
Public Health Training Network*

Larry Jecha, MD, MPH
*Benton-Franklin Health District (Local
Health Officer)
Klickitat County Health Department
(Local Health Officer)*

Vicki Kirkpatrick
*Washington State Association of Local
Public Health Officials (Administrator)*

Kay Koth
*Department of Health – Public Health
Systems Planning and Development*

Don Oliver
*Department of Health – Division of
Environmental Health*

Neil Rambo
*University of Washington – Health
Sciences Libraries*

Christopher Spitters, MD, MPH
*Department of Health – Division of
Community and Family Health*

Greg Stern, MD
*Whatcom County Health and Human
Services Department (Local Health
Officer)*

Janice Taylor, MA, GCP
*Department of Health – Workforce
Development*

Chuck Treser, MPH
*University of Washington – Environmental
Health*

Bill White
*Department of Health – Division of
Environmental Health (Assistant
Secretary)*

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I. Background

The Need

Chapter 70.05 RCW requires that local health officers (LHOs) in Washington State be physicians licensed to practice medicine and surgery or osteopathy and surgery in the state AND hold a Master's of Public Health degree (MPH) (or its equivalent). Health officers who do not meet the latter requirement must undertake three years of service as a provisionally qualified LHO that includes an orientation to public health and annual evaluations by the Secretary of Health. (Appendix 1)

Although a substantial proportion of LHOs in Washington State have completed MPHs, few new health officers feel prepared to assume the full range of responsibilities of a health officer when they first enter the job. An orientation to public health, on-the-job training, mentoring, and/or readily available resource materials could help ALL new health officers perform their duties more effectively regardless of prior MPH training and have a positive impact on the practice of public health in Washington State.

Development of the Orientation Process

Development of the orientation process began in 1998 with a survey of current Washington State LHOs to determine the roles and responsibilities common to most health officers. Over the next 16 months, existing health officers and Washington State Department of Health (DOH) staff established an orientation process that supported those roles and responsibilities within the financial constraints of public health practice. Developmental steps included small group brainstorming sessions, consultation with public health practitioners and educators, and collection and development of the orientation materials. The Washington State Association of Local Public Health Officials (WSALPHO) Local Health Officer Group played a critical role in identifying the necessary elements of the orientation and in reviewing and commenting on draft procedures and materials. A variety of other public health practitioners contributed formally and informally to the process by sharing ideas, experiences, and training materials.

Although this document establishes an orientation process for LHOs beginning in October 2000, it is anticipated that the roles and responsibilities of health officers will change over time. In addition, it is likely that new training materials and resources will become available. To respond to these changes, the orientation process should be dynamic in nature. This will require ongoing and periodic evaluations of the process and creativity (and flexibility) on the part of new local health officers, the State Health Officer, and other persons involved in the orientation process.

II. Purpose of the Orientation

The DOH LHO orientation process is based on the overarching need of all new health officers for an orientation to their roles and responsibilities and public health; however, only provisionally qualified LHOs will be required to complete the orientation. Fully qualified health officers may participate on a voluntary basis.

Through the DOH orientation process, the new LHO will become better prepared (and equipped) to assume health officer roles and responsibilities and facilitate work undertaken by others in their local health jurisdiction. In particular, the process has been developed to provide information and training in the seven major areas of responsibility for LHOs as identified in the 1998 Washington State Survey of Local Health Officers. These areas include:

- public health practice
- infectious diseases
- environmental health
- epidemiology/assessment
- management/leadership
- relationships with key people/groups
- communications

The orientation, however, is limited in nature and scope. Therefore, many health officers will need to supplement it with training and references from other sources. For example, additional orientation activities will be provided by WSALPHO as well as the health officer's own local health jurisdiction.

The DOH orientation activities should in no way inhibit or interfere with orientation activities coordinated by other groups. Furthermore, where possible, efforts should be made to combine and streamline orientation activities from different sources.

III. Objectives

Upon completion of the orientation process, the LHO will be able to:

- 1) discuss typical LHO roles and responsibilities
- 2) describe his/her own roles and responsibilities as expected by law, the Local Board of Health, and local health jurisdiction management
- 3) readily access useful print and internet references with respect to the seven major areas of responsibility
- 4) identify and access key people and resources within the public health and medical community for consultation on specific problems and issues
- 5) perform selected LHO responsibilities with greater knowledge and skill

IV. Orientation Process

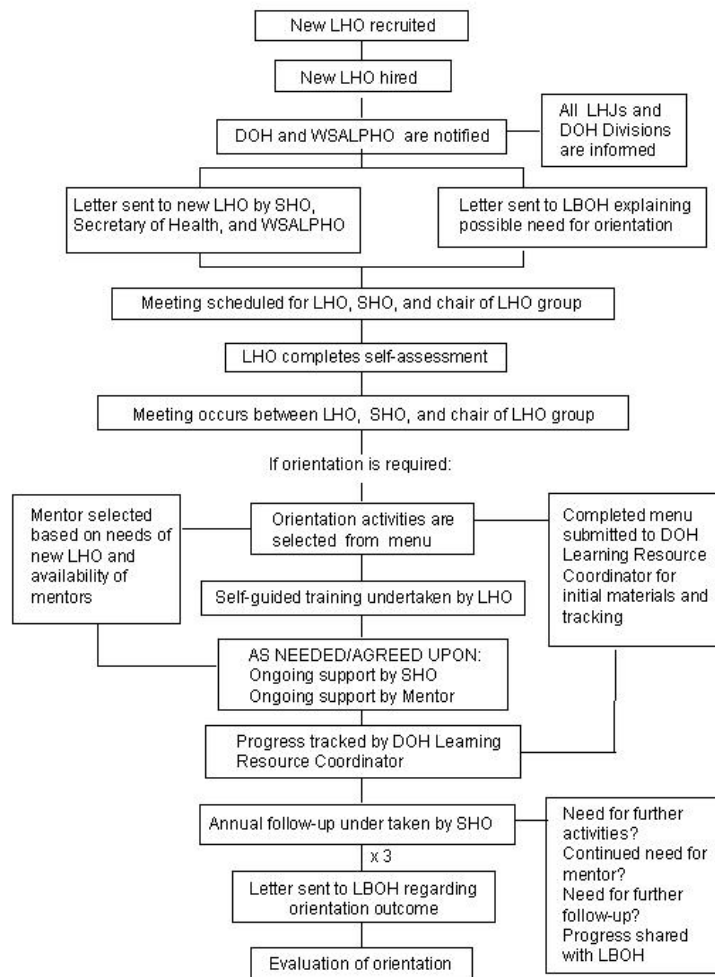
The local health officer orientation is an ongoing process that begins before the new LHO is hired (i.e., with the local health jurisdiction's review of the required qualifications of a LHO) and continues until the health officer feels comfortable with his/her duties and responsibilities as a health officer. DOH, WSALPHO, the new LHO, and his/her local health jurisdiction all share in the responsibilities for the orientation process. Participation in the orientation is optional for LHOs who meet the qualifications set forth in RCW 70.05 but is required for all provisionally qualified health officers.

Figure 1 and Appendix 2 describe the steps in the LHO orientation process and the persons/groups responsible for completion of each step. Key steps include an initial meeting with the State Health Officer to explain expectations of the orientation, the appointment of a mentor for ongoing support, use of the “Menu of Training Options” to guide the new health officer’s self-instruction, and periodic evaluations. Although it is suggested that all steps of the orientation be undertaken, they may occur in a different order or, depending on the new LHO’s background and experiences, may not be necessary at all.

As prescribed by law, the orientation will last up to three years for a provisionally qualified health officer with annual assessments of progress. The State Health Officer will keep the Local Board of Health informed of these assessments. After completion of orientation activities or three years (whichever comes first), the State Health Officer will review the status of the LHO serving in a provisional capacity. The State Health Officer will send a letter to the Local Board of Health describing the performance of the health officer during his/her orientation and offer recommendations for further training or remediation, if appropriate.

Figure 1. Steps included in local health officer orientation process

SHO=State Health Officer
LHO=Local Health Officer
LBOH=Local Board of Health
LHJ=Local Health Jurisdiction



V. Materials

The local health officer orientation process and activities are largely self-guided and consist of a collection of materials and activities through which the health officer can learn about public health, the health of their community, and the major roles and responsibilities of a LHO. The process is to be customized to meet individual needs and includes a variety of learning resources:

- meetings with key people at both state and local levels (e.g., local health jurisdiction staff, the State Health Officer, the County Attorney)
- mentoring with a more experienced local health officer (see section “VI. Mentoring Program”)
- a menu of training options (e.g., references, written materials, activities)
- on-line learning resources that include an explanation of the “Menu of Training Options”, links to useful web sites and other public health resources, an interactive calendar of public health events, and access to an electronic list of Washington State local health officers

During the orientation, the State Health Officer will work with the new LHO and his/her mentor to identify appropriate activities and training opportunities based on the new health officer’s background and experiences, job responsibilities, and time constraints, and the local health jurisdiction’s financial resources. A self-assessment (Appendix 3), completed by the new health officer before the first meeting with the State Health Officer, will help in this process. Orientation items/activities will be selected from the “Menu of Training Options” (Appendix 4) and will be supplemented with other available materials/activities.

VI. Mentoring Program

The LHO mentoring program consists of pairing an experienced (i.e., seasoned) LHO currently working in Washington State with each new LHO during their orientation period. The purpose of the program is to provide intermittent, individualized, practical, and relevant guidance (as needed) to the new LHO in the performance of his/her duties and responsibilities. The mentoring program is meant to complement other orientation activities and should not supplant guidance provided by staff and administrators from the LHO’s local health jurisdiction or the State Health Officer.

During the orientation period, the mentor will provide the following services:

- be available (within reason) by telephone during normal working hours for consultation with the new LHO on specific problems and issues as they arise (Note: The definition of “within reason” will be discussed and agreed upon by the new LHO and the mentor.)
- link the new LHO as needed with other resources within the public health and medical communities (e.g., other LHOs, medical specialists, WSALPHO members, staff from DOH, resource persons from the Centers for Disease Control and Prevention)
- inform the State Health Officer if there are any problems with the new health officer/mentor relationship
- work with the State Health Officer and the new LHO to determine the need for further mentoring/orientation of the new LHO prior to each annual assessment

- participate in annual assessment meetings (for up to three years) between the State Health Officer and the new LHO (OPTIONAL)
- intermittently undertake site visits to the new LHO's office and/or have the new LHO visit the mentor's health department office as agreed upon by the new LHO and the mentor (OPTIONAL)

The leadership of the WSALPHO Local Health Officer Group with the assistance of the State Health Officer will be responsible for identifying potential mentors, requesting approval from the mentor's Local Board of Health/local health jurisdiction administrator, and replacing mentors as needed. (See Appendix 5 for "Mentor Qualifications".) The mentor and new LHO will develop their relationship and style of interactions with minimal oversight by the State Health Officer. The DOH Learning Resource Coordinator will track who has been selected as a mentor, assist in facilitating the mentoring process when requested, and help collect information for the evaluation of the process at the end of the orientation.

The State Health Officer will confer with the mentor and the new LHO every six months and prior to each annual assessment of the provisionally qualified LHO to determine the need for further orientation and mentoring and assess the relationship. The mentor will be responsible for informing the State Health Officer if there are problems with the new LHO/mentor relationship, mentoring responsibilities have become excessive, or the mentor is not able to carry out his/her responsibilities for some reason. The new LHO will also be responsible for keeping the State Health Officer apprised of the mentoring experience and if there are problems so that the State Health officer can provide mediation if necessary.

VII. Evaluation of the Orientation

The orientation process will be evaluated for each new LHO completing it. The evaluation will include an interview with the new LHO and the mentor by the DOH Learning Resource Coordinator shortly after completion of the orientation process.

At least once each year, the WSALPHO Local Health Officer Group will discuss the LHO orientation process. The group will be asked to review results from ongoing or completed orientations and consider new needs in health officer training. Health officers currently participating in the orientation process (or those who have completed it since the last discussion) will be asked to highlight their experiences including any problems encountered. The objectives of the discussion will be to identify ways to make the orientation process more practical and relevant to the needs of a new local health officer and more feasible to undertake.

Chapter 70.05 RCW: Local Health Departments, Boards, Officers – Regulations

RCW 70.05.050 Local health officer – Qualifications – Employment of personnel – Salary and expenses.

The local health officer shall be an experienced physician licensed to practice medicine and surgery or osteopathic medicine and surgery in this state and who is qualified or provisionally qualified in accordance with the standards prescribed in RCW 70.05.051 through 70.05.055 to hold the office of local health officer. No term of office shall be established for the local health officer but the local health officer shall not be removed until after notice is given, and an opportunity for a hearing before the board or official responsible for his or her appointment under this section as to the reason for his or her removal. The local health officer shall act as executive secretary to, and administrative officer for the local board of health and shall also be empowered to employ such technical and other personnel as approved by the local board of health except where the local board of health has appointed an administrative officer under RCW 70.05.040. The local health officer shall be paid such salary and allowed such expenses as shall be determined by the local board of health. In home rule counties that are part of a health district under this chapter and chapter 70.46 RCW the local health officer and administrative officer shall be appointed by the local board of health.

RCW 70.05.051 Local health officer – Qualifications.

The following persons holding licenses as required by RCW 70.05.050 shall be deemed qualified to hold the position of local health officer:

- (1) Persons holding the degree of master of public health or its equivalent;
- (2) Persons not meeting the requirements of subsection (1) of this section, who upon August 11, 1969 are currently employed in this state as a local health officer and whom the secretary of social and health services recommends in writing to the local board of health as qualified; and
- (3) Persons qualified by virtue of completing three years of service as a provisionally qualified officer pursuant to RCW 70.05.053 through 70.05.055.

RCW 70.05.053 Provisionally qualified local health officers – Appointment – Term – Requirements.

A person holding a license required by RCW 70.05.050 but not meeting any of the requirements for qualification prescribed by RCW 70.05.051 may be appointed by the board or official responsible for appointing the local health officer under RCW 70.05.050 as a provisionally qualified local health officer for a maximum period of three years upon the following conditions and in accordance with the following procedures:

- (1) He or she shall participate in an in-service orientation to the field of public health as provided in RCW 70.05.054, and

(2) He or she shall satisfy the secretary of health pursuant to the periodic interviews prescribed by RCW 70.05.055 that he or she has successfully completed such in-service orientation and is conducting such program of good health practices as may be required by the jurisdictional area concerned.

RCW 70.05.054 Provisionally qualified local health officers – In-service public health orientation program.

The secretary of health shall provide an in-service public health orientation program for the benefit of provisionally qualified local health officers.

Such program shall consist of --

- (1) A three months course in public health training conducted by the secretary either in the state department of health, in a county and/or city health department, in a local health district, or in an institution of higher education; or
- (2) An on-the-job, self-training program pursuant to a standardized syllabus setting forth the major duties of a local health officer including the techniques and practices of public health principles expected of qualified local health officers: PROVIDED, That each provisionally qualified local health officer may choose which type of training he or she shall pursue.

RCW 70.05.055 Provisionally qualified local health officers – Interview – Evaluation as to qualification as local public health officer.

Each year, on a date which shall be as near as possible to the anniversary date of appointment as provisional local health officer, the secretary of health or his or her designee shall personally visit such provisional officer's office for a personal review and discussion of the activity, plans, and study being carried on relative to the provisional officer's jurisdictional area: PROVIDED, That the third such interview shall occur three months prior to the end of the three year provisional term. A standardized checklist shall be used for all such interviews, but such checklist shall not constitute a grading sheet or evaluation form for use in the ultimate decision of qualification of the provisional appointee as a public health officer.

Copies of the results of each interview shall be supplied to the provisional officer within two weeks following each such interview.

Following the third such interview, the secretary shall evaluate the provisional local health officer's in-service performance and shall notify such officer by certified mail of his or her decision whether or not to qualify such officer as a local public health officer. Such notice shall be mailed at least sixty days prior to the third anniversary date of provisional appointment. Failure to so mail such notice shall constitute a decision that such provisional officer is qualified.

Steps Comprising the Local Health Officer (LHO) Orientation Process

- Step 1: **Recruitment for a new LHO is initiated.** (Responsibility: local health jurisdiction [LHJ] hiring new health officer, WSALPHO Local Health Officer Group) When recruitment is initiated, the LHJ will notify DOH and review pertinent RCWs and WACs regarding qualifications. The WSALPHO Local Health Officer Group will help recruit qualified applicants and provide consultation to the hiring LHJ as needed.
- Step 2: **The new LHO is hired.** (Responsibility: LHJ hiring new health officer)
- Step 3: **DOH and WSALPHO are notified of new health officer appointment.** (Responsibility: LHJ hiring new health officer) The LHJ notifies DOH Office of Public Health Systems Planning & Development and WSALPHO administrator of the new appointment.
- Step 4: **LHO appointment is communicated throughout DOH and WSALPHO.** (Responsibility: DOH Office of Public Health Systems Planning & Development, WSALPHO)
- name and address of new LHO is communicated to all DOH programs and other LHJs
 - local health department directory is updated
 - email address is added to address book for agency
 - WSALPHO orientation is initiated
 - name and email address are added to listserv (WSALPHO-L)
 - name and address are added to WSALPHO mailing list
- Step 5: **A standard letter is sent to the new LHO from DOH and WSALPHO.** (Responsibility: DOH Office of Public Health Systems Planning & Development)
- welcomes new LHO to public health practice in Washington State
 - describes orientation process and initial meeting with State Health Officer and chair of the WSALPHO Local Health Officer Group
 - names who will arrange initial meeting
 - includes copy of “What Do Local Health Officers Do?”, “Orientation of New Local Health Officers”, New Local Health Officer Biography and Orientation Assessment Tool
 - is co-signed by State Health Officer, Secretary of Health, Chair of WSALPHO
 - indicates that State Health Officer will correspond with the local board of health (LBOH) to make them aware of the orientation process and expectations, and to report ongoing progress

- Step 6: **Initial meeting is arranged between new LHO, State Health Officer, and chair of WSALPHO Local Health Officer Group.** (Responsibility: DOH Office of Public Health Systems Planning & Development)
- will occur within 6 weeks of LHO arrival on the job, if at all possible
 - should take place at the new LHO's LHJ unless other meetings in Olympia are also planned
- Step 7: **New local health officer completes self-assessment, sends copy to Local Health Liaison, and reviews menu of training options.** (Responsibility: New local health officer and DOH Office of Public Health Systems Planning & Development [Local Health Liaison]) The new local health officer provides a copy of his/her *curriculum vitae* to the Local Health Liaison and completes the orientation self-assessment form. This information will be used to update the Local Health Officer Directory and guide orientation activities. The new health officer should also review the menu of training options and tentatively select items s/he thinks would be appropriate.
- Step 8: **Meeting occurs between new LHO, State Health Officer, and chair of WSALPHO Local Health Officer Group.** (Responsibility: State Health Officer, new LHO, chair of WSALPHO Local Health Officer Group)
- introductions will be made
 - new LHO will be asked to describe his/her background and experiences in medicine and public health and LHJ employment details (e.g., number of hours, scope of duties)
 - status of new LHO (i.e., provisional or fully qualified) is determined
 - document "What Do Local Health Officers Do?" is reviewed and embellished
 - sample job descriptions are shared with new LHO
 - expectations for the orientation process are conveyed
 - new Local Health Officer's completed self-assessment is reviewed
 - menu of orientation activities is examined and specific activities are selected as appropriate for new LHO
 - completed menu is copied
 - timeline for completion of orientation activities is agreed upon for provisionally qualified health officers
 - means to contact State Health Officer and chair of Local Health Officer Group are provided to new LHO
- Step 9: **Completed orientation menu is submitted to DOH Learning Resource Coordinator.** (Responsibility: State Health Officer, DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator])
- menu selections are entered into DOH Training Database
 - appropriate documents, reference books, and other materials are packaged and sent to new LHO or LHO is given information to order materials.
 - desired DOH meetings are arranged

- Step 10: **A mentor is identified.** (Responsibility: WSALPHO Local Health Officer Group Leadership, State Health Officer) Candidates are contacted, informed of mentor responsibilities, and asked about availability/willingness to be a mentor. For candidates expressing interest, approval by LHJ administrator and/or LBOH is pursued.
- Step 11: **Orientation/training occurs, largely self-guided by new local health officer.** (Responsibility: new LHO, mentor, State Health Officer)
- Step 12: **As needed, new LHO contacts mentor or State Health Officer for assistance.** (Responsibility: new LHO, mentor, State Health Officer)
- Step 13: **Progress of orientation process is tracked. State Health Officer checks in with new LHO and mentor every six months.** (Responsibility: DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator], State Health Officer, new LHO, mentor)
- Step 14: **State Health Officer is notified when LHO has been in his/her position for one year. Annual meeting with new LHO is arranged.** (Responsibility: DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator], State Health Officer, new LHO)
- review completion of orientation activities to date
 - determine need for additional, more specialized/customized activities
 - determine need for ongoing support by mentor
 - determine need for further follow-up by State Health Officer
 - share progress on orientation with LBOH for provisionally qualified health officers
- Step 15: **Annual review is performed for up to three years for provisionally qualified LHOs.** (Responsibility: State Health Officer, new LHO) The State Health Officer will report orientation progress to the new health officer's LBOH.
- Step 16: **Letter is sent to LBOH describing outcome of LHO orientation for provisionally qualified LHOs.** (Responsibility: State Health Officer) If necessary, State Health Officer will propose additional work/orientation or remediation.
- Step 17: **Orientation process is evaluated.** (Responsibility: DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator], new LHO, mentor, State Health Officer)

WASHINGTON STATE

**New Local Health Officer Biography and
Orientation Assessment Tool**

This form should be completed by the new local health officer prior to meeting with the State Health Officer. The information will be used to update the Washington State Local Health Officer Directory and guide the public health orientation of the new health officer.

Please send or FAX the completed form with your curriculum vitae to:

Marie Flake, RN, MPH
Local Health Liaison
Public Health Systems Planning & Development
Washington State Department of Health
1102 SE Quince Street
PO Box 47815
Olympia, Washington 98504-7815

Phone: (360) 236-4063
Fax: (360) 236-4088
E-mail: marie.flake@doh.wa.gov

Any questions about completion of this form should be addressed to Ms. Flake.

NEW HEALTH OFFICER INFORMATION

Please complete the following information for inclusion in the Washington State Local Health Officer Directory. All directory information is available to the general public as well as other local health officers through the Local Health Officer website. Do not include information you do not want shared in this manner.

Name: _____

Mailing address: _____

Telephone number: _____ FAX number: _____

Beeper number: _____ Email address: _____

Cellular phone number: _____

Start date: _____ Hours/month: _____

Medical School: _____ Year of graduation: _____

Internship: Yes _____ No _____ If yes, specify specialty: _____

Residency: Yes _____ No _____ If yes, specify specialty: _____

Fellowship: Yes _____ No _____ If yes, specify specialty: _____

MPH: Yes _____ No _____ If yes, specify specialty: _____

Clinical experience: _____

SELF-ASSESSMENT OF PRIOR PUBLIC HEALTH EXPERIENCE

The following questions will help assess your prior experience in public health and identify areas for focus of the orientation process. Please check the appropriate response for each question in the boxes provided. Additional explanations may be provided at the end.

GENERAL HEALTH OFFICER ROLES AND RESPONSIBILITIES	YES	NO	UNK
• Have you ever been a local public health officer? (NOTE: This position is also known as “medical officer” in some states.)			
in Washington State?			
• Do you understand the roles and responsibilities common to most local health officers in Washington State?			
• Have you met with the local health jurisdiction administrator or Local Board of Health to discuss your job responsibilities?			
• Do you have a written job description?			

PUBLIC HEALTH PRACTICE	YES	NO	UNK
• Have you ever worked in public health?			
in Washington State?			
• Do you understand the core functions of public health?			
• Are you familiar with the “Public Health Improvement Plan” and other current public health initiatives in Washington State?			
• Are you a member of the Washington State Public Health Association?			
• Are you a member of the American Public Health Association?			

INFECTIOUS DISEASE	YES	NO	UNK
• Do you have experience in the management of patients with:			
tuberculosis?			
sexually transmitted diseases?			
HIV?			
meningococcal meningitis?			
vaccine preventable diseases?			
potential rabies exposure?			
diarrheal diseases?			
lice?			
• In your appointment as local health officer, are you responsible for providing direct medical care to patients in public health clinics?			
• In your appointment as local health officer, do you supervise or oversee clinical activities of local health jurisdiction staff?			
• Have you ever participated in an infectious disease outbreak investigation?			
• Do you have access to up-to-date infectious disease control and treatment references? (e.g., <u>Control of Communicable Diseases Manual</u> , <u>The Red Book</u>)			
• Do you feel you need additional orientation or training in infectious diseases to adequately perform your duties as local health officer?			

ENVIRONMENTAL HEALTH	YES	NO	UNK
• Have you taken any courses in environmental health?			
toxicology or hazardous chemicals?			
industrial hygiene or occupational medicine?			
water management?			
solid waste management?			
risk assessment?			
• Have you ever participated in a foodborne or waterborne disease outbreak investigation?			
• Have you ever participated in the investigation of a cluster of cancer cases or birth defects?			
• Have you ever participated in the response to a chemical spill?			
• Do you have access to up-to-date environmental health and toxicology references? (e.g., <u>Environmental Engineering and Sanitation</u> by Joseph A. Salvato)			
• Do you feel you need additional orientation or training in environmental health to adequately perform your duties as local health officer?			

EPIDEMIOLOGY/ASSESSMENT	YES	NO	UNK
• Have you taken any courses in epidemiology? biostatistics?			
• Can you calculate and interpret disease incidence rates? prevalence rates?			
odds ratios?			
relative risks?			
• Are you responsible for overseeing the local health jurisdiction epidemiology/assessment unit?			
• Have you ever participated in a community health assessment process?			
• Have you ever reported notifiable conditions in Washington State?			
• Do you have access to basic epidemiology or biostatistics references?			
• Do you feel you need additional orientation or training in epidemiology/assessment to adequately perform your duties as local health officer?			

MANAGEMENT/LEADERSHIP	YES	NO	UNK
• Have you taken any courses in management or leadership?			
• Have you had experience as a manager of a program, office, or business?			
• Have you had experience supervising staff?			
• As local health officer, are you responsible for supervising any local health jurisdiction staff?			
• Are you a member of the local health jurisdiction management team?			
• Do you have direct responsibility for any administrative duties in the local health jurisdiction (e.g., budget, personnel)?			
• Do you feel you need additional orientation or training in management and leadership to adequately perform your duties as local health officer?			

RELATIONSHIPS WITH KEY GROUPS	YES	NO	UNK
• Do you live in the community in which the local health jurisdiction is located?			
• Have you participated in any organizations or initiatives within this community? (e.g., Chamber of Commerce, Rotary Club)			
• Are you acquainted with key leaders in this community? (e.g., County Commissioners, mayor, hospital administrator)			
• Have you practiced medicine in this community?			
• Are you a member of the local medical society? (if applicable)			
• Are there tribal nations that may impact/be impacted by the public health of the local health jurisdiction?			
• Do you feel you need further orientation to the community (including introductions to key members and organizations) to adequately perform your duties as local health officer?			

COMMUNICATIONS	YES	NO	UNK
• Do you have experience presenting to large groups of people?			
medical professionals?			
the general public?			
school students?			
special interest groups?			
• Have you ever been interviewed by the media? (e.g., newspaper, radio, television)			
• Have you ever given lectures or taught a course?			
• Do you feel you need additional training in communications and public speaking to adequately perform your duties as local health officer?			

ADDITIONAL EXPLANATIONS: (if necessary)

WASHINGTON STATE

Menu of Training Options for New Local Health Officers

Please forward a copy of the completed menu to the DOH Learning Resource Coordinator:

Torie Hernandez
Washington Public Health Training Network
Public Health Systems Planning & Development
Washington State Department of Health
1102 SE Quince Street
PO Box 47815
Olympia, Washington 98504-7815

Phone: (360) 236-4081
Fax: (360) 236-4088
E-mail: torie.hernandez@doh.wa.gov

Any questions about the training menu or the orientation process should be directed to Ms. Hernandez.

Directions for Completion of Training Menu

The menu of training options is a series of references, written materials, and activities that will help orient the new local health officer to public health. It is organized according to the 7 major areas of responsibility common to most health officers in Washington State. These include:

- public health practice
- infectious diseases
- environmental health
- epidemiology/assessment
- management/leadership
- relationships with key groups
- communications.

The menu of training options should be reviewed by the new health officer after s/he completes the self-assessment and before the initial meeting with the State Health Officer. After discussion with the State Health Officer and others, items should be selected from the menu for inclusion in the new health officer's orientation to public health based on the new health officer's prior training and experience and current roles and responsibilities.

The completed menu will serve as an "order form" to request orientation materials or the arrangement of certain meetings. A copy of the completed training menu should be forwarded to the Washington State Department of Health Learning Resource Coordinator. Proposed orientation activities and materials will be entered into a tracking system. As requested, orientation materials will be sent to the new health officers and meetings will be arranged. During the orientation period, the new health officer should feel free to request additional items from the Learning Resource Coordinator or discuss the inclusion of items not listed on the menu with the State Health Officer.

Definitions

References – books or documents available to the health officer for reference as needed for specific information/problems; time estimates for completion are not provided because use of references will depend on individual circumstances and need.

Written materials – books or documents to be read in their entirety and studied by the local health officer during the orientation; completion of written materials implies review of and familiarity with, but not necessarily mastery thereof.

Activities – training opportunities that may require the local health officer to watch a videotape, listen to an audiotape, complete a distance-based learning course, participate in a discussion, or meet with various people. Some of these activities may require travel away from the health officer's worksite.

Suggested for all LHO – items basic to all health officers. These items will automatically be included in the new local health officer's orientation unless prior experience or training dictates they should not be or if the health officer already has adequate access to a particular reference.

Additional items requested – orientation items that will be useful to a specific new health officer based on prior training and experience (or lack, thereof) and current job responsibilities. These items will be sent to the health officer (or the meetings will be arranged) only if specifically selected on the training menu by the new health officer.

Locally arranged – typically orientation materials or activities unique to the local health jurisdiction for which the local health officer works. It will be the responsibility of the local health officer or his/her jurisdiction to set up or obtain these items.

Menu of Training Options

Name: _____

Mailing address: _____

Telephone number: _____ FAX number: _____

e-mail address: _____

Date menu filled out: _____

Date menu received by DOH Learning Resource Coordinator: _____

GENERAL HEALTH OFFICER ROLES AND RESPONSIBILITIES

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for all LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
roster of current health officers including their background/ training and notable public health experiences	NA*	✓		
updated Local Health Officer meeting calendar	NA	✓		
WRITTEN MATERIALS				
Local Health Officer -- Qualifications, appointment, and in-service training (RCW 70.05.050 – 70.05.055)	<30 min	✓		
Local health officer -- Powers and duties (RCW 70.05.070)	<30 min	✓		
Powers and duties of local board of health (RCW 70.05.060)	<30 min	✓		
“What Do Local Health Officers Do?” paper based on 1998 survey of local health officers	30 min	✓		
<u>Handbook for Health Directors</u> (by C.M.G. Buttery)	7-10 hours			
good examples of health officer job/position descriptions	<30 min	✓		
ACTIVITIES				
meeting with the State Health Officer and chair of WSALPHO Local Health Officer Group to review common local health officer duties and decide on orientation activities	1 day**	✓		
appointment of a seasoned local health officer to act as a mentor for the new health officer	varies depending on arrangements	✓		
meeting with the State Health Officer and Local Board of Health to discuss local health officer duties	1 hour**			
attendance at the Joint Conference on Public Health	3-4 days annually ***	✓		

attendance at other local health officer meetings	1 day x 3 annually ***	✓		
participation in the WSALPHO list serve	varies	✓		
setting up of cross-coverage (including identification of <i>locum tenens</i> or other back-up, agreement on duties covered, and notification of own staff of arrangements) (arranged locally)	1 - 3 hours			
Other:(specify)				

*time estimates not provided for references because use will depend on individual circumstances and need

** not including travel time

***CMEs/CEs available through the Washington State Department of Health (not equal to total meeting time)

PUBLIC HEALTH PRACTICE

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for All LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
WACs and RCWs of public health interest	NA*	✓		
<u>The Future of Public Health</u>	NA			
<u>Healthy Communities: New Partnerships for the Future of Public Health</u>	NA			
<u>Guide to Clinical Preventive Services</u> (developed by U.S. Preventive Services Task Force)	NA	✓		
copy of updated WSALPHO meeting calendar	NA	✓		
WRITTEN MATERIALS				
Proposed Standards for Public Health in Washington State (current version)	1 hour	✓		
“Welcome to Public Health: A Guidebook for Local Board of Health Members”	<30 min			
Assessment Protocol for Excellence in Public Health (APEX) evaluation (Part I) for the health officer’s local health jurisdiction (arranged locally)	?			
<u>Public Health Improvement Plan</u> (November 1994)	4 hours	✓		
“Public Health Improvement Plan: A Blueprint for Action” (December 1996)	<30 min	✓		
<u>1998 Public Health Improvement Plan</u>	2 hours	✓		
<u>Public Health Law Manual</u> (by Frank P. Grad)	10 hours			
ACTIVITIES				
“Public Health, the Invisible Safety Net - Infrastructure of American Health” (video)	<30 min			
“A Day in the Life of Public Health” (video)	<30 min			
meetings with key staff members from the health officer’s local health jurisdiction (arranged locally)	several days	✓		

meeting with administrator or officer of the Washington State Association of Local Public Health Officials (WSALPHO)	1 hour**	✓		
meeting with Secretary of Health to discuss the organization/ interplay of key public health entities	1 hour**			
meetings with DOH State Health Officer and Assistant Secretaries to highlight key public health programs	4 hours**			
meeting with Associate Dean for Public Health Practice at UW (NWCPHP)	4 hours**	✓		
meeting with LHJ legal counsel (arranged locally) or DOH Assistant Attorney General in Olympia to focus on problematic WACs and RCWs	1 hour**	✓		
“Core Functions of Public Health Training”	1 day			
“The Legal Basis of Public Health Law” 10 module self-instructional course (created by CDC in 1999)	25-30 hours***			
UW “Environmental Health Regulations” course (ENVH 471) (taught by Chuck Treser)	one quarter			
Other: (specify)				

*time estimates not provided for references because use will depend on individual circumstances and need

**not including travel time

***25-30 hours for all 10 modules; 2-4 hours for each individual module

INFECTIOUS DISEASES

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for all LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
Benenson's <u>Control of Communicable Diseases Manual</u> (most recent edition)	NA*	✓		
Red Book: Report of the <u>Committee on Infectious Diseases</u> (most recent edition)	NA	✓		
"Epidemiology and Prevention of Vaccine-Preventable Diseases" (The Pink Book) (most recent addition)	NA	✓		
WRITTEN MATERIAL				
TUBERCULOSIS				
Chapter 70.28 RCW Control of Tuberculosis	30 min	✓		
Chapter 246-170 WAC Tuberculosis – Prevention, Treatment, and Control	30 min	✓		
Washington State Department of Health “Guidelines for Tuberculosis Control” (most recent version)	?	✓		
“Diagnostic Standards and Classification of Tuberculosis” (American Thoracic Society and Centers for Disease Control and Prevention) (most recent edition)	1 hour			
“Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children” (American Thoracic Society and Centers for Disease Control and Prevention) (most recent edition)	1 hour			
SEXUALLY TRANSMITTED DISEASES				
Chapter 70.24 RCW Control and Treatment of Sexually Transmitted Diseases	1 hour	✓		
Chapter 246-100-206 WAC Special Diseases – Sexually Transmitted Diseases	30 min	✓		

“Guidelines for Treatment of Sexually Transmitted Diseases” (Centers for Disease Control and Prevention) (most recent edition)	1 hour			
HUMAN IMMUNODEFICIENCY VIRUS (HIV)				
Chapter 70.24 RCW Control and Treatment of Sexually Transmitted Diseases	1 hour	✓		
Chapter 246-100 WAC Communicable and Certain Other Diseases (sections on HIV)	30 min	✓		
“Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents” (Panel on Clinical Practices for the Treatment of HIV Infection) (most recent edition)	1 hour			
“Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-1 Transmission in the United States” (Centers for Disease Control and Prevention) (most recent edition)	1 hour			
“Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection” (Working Group on Antiretroviral Therapy and Medical Management of HIV-infected Children) (most recent version)	1 hour			
“USPHS/IDSA Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus” (U.S. Public Health Service and Infectious Diseases Society of America) (most recent version)	1 hour			

OTHER COMMUNICABLE DISEASES				
Recommendations of the Advisory Committee on Immunization Practices (ACIP) (most recent version)	variable	✓		
Chapter 246-100 WAC Communicable and Certain Other Diseases (reporting and public health response to selected communicable diseases and other health conditions)	2 hours	✓		
statewide reports on epidemiology of communicable diseases (including HIV, sexually transmitted diseases, and tuberculosis)	varies	✓		
local health jurisdiction reports on epidemiology of communicable diseases (to be obtained locally)	varies	✓		
ACTIVITIES				
meeting with local communicable disease/personal health staff (including review of standing orders, clinical protocols, and emergency procedures/protocols) (arranged locally)	varies	✓		
orientation to DOH Communicable Disease Epidemiology Section and State Public Health Laboratory	half day**	✓		
orientation to DOH Office of Infectious Diseases, Reproductive Health	3 hours**	✓		
orientation to DOH Immunizations Program	1 hour**	✓		
participation on COM-DIS list serve	varies			
“Tuberculosis: An Interactive CD-ROM for Clinicians” (developed by Francis J. Curry Tuberculosis Center)	6 hours ***			
“Self Study Modules on Tuberculosis” (created by CDC in 1994)	20 hours ***			

“Epidemiology and Prevention of Vaccine-Preventable Diseases” videotape self-study course available in 4 modules (created by CDC in 1999)	9 hours ***			
“Pharyngitis in Louisiana: Outbreak Investigation” computer simulation of an outbreak investigation (created by CDC in 1994)	8 hours ***			
Other:				

*time estimates not provided for references because use will depend on individual circumstances and need

**not including travel time

***CMEs/CEUs available through Public Health Training Network (equal to estimated time for completion)

ENVIRONMENTAL HEALTH

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for all LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
<u>Environmental Engineering and Sanitation</u> (by Joe Salvato) (latest edition)	NA*	✓		
<u>Handbook of Toxic and Hazardous Chemicals and Carcinogens</u> (by Marshall Sittig) (latest edition)	NA	✓		
<u>The Handbook of Environmental Health and Safety</u> (by H. Koren and M.S. Bisesi) (3rd edition) (1996)	NA			
<u>Environmental Health</u> (by D. W. Moeller) (2nd edition) (1997)	NA			
"Natural Disasters in Washington State, Public Health Advice" (EHP Emergency Response)	NA	✓		
WRITTEN MATERIALS				
overview of environmental health programs with references to related RCWs and WACs, partner agencies, and other information	[Not Currently Available]			
Department of Health Environmental Health Indicators (April 1998)	3 hours	✓		
<u>Procedures to Investigate Foodborne Illness</u> (5 th edition) (prepared by Frank Bryan and the Committee on Communicable Diseases Affecting Man, Food Subcommittee)	2 hours			
<u>Food Safety in Washington: Issues and Recommendations</u> (A Report from the Food Safety Enhancement Advisory Committee) (September 1994)	5 hours			
"Working Healthy: Your 'Health Card' Manual"	<1 hour			
Rules and Regulations of the State Board of Health for Food Service (May 1992) (WAC 246-215)		✓		

ACTIVITIES				
meeting with local environmental health program staff (arranged locally)	varies	✓		
orientation to DOH Environmental Health Program	half day**	✓		
orientation to State Public Health Laboratory	combine with visit for communi-cable diseases			
“Food safety: It’s in Your Hands” (video)	30 min			
ATSDR environmental health case studies (29 different topics)	varies			
Washington State Environmental Health Association Annual Education Conference (new topics of focus each year)	2 days			
“On-site Sewage Systems: Protecting Your Investment” (video produced by Spokane Regional Health District, 1996)	<30 min			
Other: (specify)				

*time estimates not provided for references because use will depend on individual circumstances and need

**not including travel time

***CMEs available for some case studies through CDC

EPIDEMIOLOGY/ASSESSMENT

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for all LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
<u>Basic Epidemiology</u> (WHO publication by R. Beaglehole, R. Bonita, and T. Kjellström) (1993)	NA*			
<u>Chronic Disease Epidemiology and Control</u> (APHA publication by Ross Browson, Patrick Remington, and James Davis, eds.) (1998)	NA			
<u>Field Epidemiology</u> (by Mike Gregg, ed.) (1996)	NA			
on-line access to health data (LHO website)	NA	✓		
WRITTEN MATERIALS				
“What is Assessment?” (by Kenneth G. Keppel and Mary Anne Freedman) (1995)	1 hour			
DOH “Alert: More cause-of-death information needed on death certificates” (1999)	<30 minutes			
NCHS “Possible Solutions to Common Problems in Death Certification”	<30 minutes			
list of notifiable conditions and rationale for reporting in Washington State	1 hour	✓		
list of notifiable conditions in neighboring states and British Columbia	1 hour	✓		
LHJ Community Health Assessment (to be obtained locally)	varies	✓		
ACTIVITIES				
meeting with State Epidemiologist	1 hour**			
<u>Principles of Epidemiology</u> (self-study course in 6 lessons created by CDC in 1992)	42 hours***			
“Epidemiology in Action” (CDC/Emory Course in Atlanta)	2-3 weeks			

National Association of Medical Examiners “Cause of Death Tutorial”	<30 minutes			
Other: (specify)				

*time estimates not provided for references because use will depend on individual circumstances and need

**not including travel time

***CMEs available through Public Health Training Network (equal to estimated time for completion)

MANAGEMENT/LEADERSHIP

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for all LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
CDC/UC Public Health Leadership Institute Selected Readings and Resources on Leadership	NA*			
CDC/UC Public Health Leadership Institute Recommended References on Community Building and Collaborative Leadership	NA			
Americans with Disabilities Act	NA	✓		
WRITTEN MATERIALS				
local health jurisdiction policies and procedures (including policies on employee health and immunizations) (to be obtained locally)				
<u>How to Manage in the Public Sector</u> (by Gordon Chase and Elizabeth C. Reveal)	4-5 hours			
“Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference” (by David D. Chrislip and Carl E. Larson)	<1 hour			
“High Flyers: Developing the Next Generation of Leaders” (by Morgan W. McCall)	<1 hour			
ACTIVITIES				
“Management Perspectives for Public Health Practitioners” (Public Health Training Network computer-based training course)	2.5 hours**			
Public Health Leadership Institute	1 week x 2 plus conf. calls			
Other: (specify)				

*time estimates not provided for references because use will depend on individual circumstances and need

**CMEs/CEUs available through Public Health Training Network

RELATIONSHIPS WITH KEY GROUPS

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for all LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
list of key members of community (needs to be created locally for health officer [see Appendix 6 for suggestions])	NA*	✓		
list of commonly used acronyms (see Appendix 7)	NA	✓		
information on key state agencies (including DOH, DSHS, DOE, L&I, UW)	NA	✓		
information on key federal agencies (including ATSDR, CDC, EPA, FDA, HRSA, HCFA, IHS, NIH, OSHA)	NA	✓		
WRITTEN MATERIALS				
None				
ACTIVITIES				
meeting with Local Board of Health (arranged locally)	Varies	✓		
meetings with key members in community including tribal leadership (arranged locally [see Appendix 6 for suggestions])	Varies	✓		
NACCHO/ASTHO “Introduction to CDC” (Atlanta)	1.5 days**			
Other: (specify)				

*time estimates not provided for references because use will depend on individual circumstances and need

**not including travel time to and from Atlanta

COMMUNICATIONS

<i>Training Items</i>	<i>Estimated Time</i>	<i>Suggested for all LHOs</i>	<i>Additional Items Requested</i>	<i>Personal Notes</i>
REFERENCES				
None				
WRITTEN MATERIALS				
“The Media & You: A Basic Survival Guide” (by Norman Hartman, National Public Health Information Coalition)	1 hour			
ATSDR Primer on Health Communication Principles and Practices	1 hour			
ACTIVITIES				
“Introduction to Media Relations” (Public Health Training Network video)	1 hour			
ongoing support by DOH Communications Office in dealing with the media on specific issues	varies	✓		
Vince Covello audiotapes on high concern/low trust communications (1994)	4 hours			
Navigating the Web: Using Search Tools and Evaluating Resources	<30 minutes			
Basic Skills for Navigating the Web	<30 minutes			
Other: (specify)				

Local Health Officer Mentor – Job Description

General Description

The local health officer (LHO) mentoring program consists of pairing an experienced (i.e., seasoned) LHO currently working in Washington State with a new LHO during their orientation period. The purpose of the program is to provide intermittent, individualized, practical, and relevant guidance as needed to the new LHO in the performance of his/her LHO duties and responsibilities. The mentoring program is meant to complement other orientation activities and should not supplant guidance provided by staff from the LHO's local health jurisdiction or the State Health Officer.

Acting as a LHO mentor will be voluntary. LHOs will not be required to take on mentoring responsibilities and will only be confirmed as a mentor after they: 1) read this "Job Description", 2) agree to participate as a mentor, and 3) receive approval from their Local Board of Health/local health jurisdiction administrator to participate.

Responsibilities of the Mentor

During the orientation period of the new LHO, the mentor will provide the following services:

- be available (within reason) by telephone during normal working hours for consultation with the new LHO on specific problems and issues as they arise (Note: The definition of "within reason" will be discussed and agreed upon by the new LHO and the mentor.)
- link the new LHO as needed with other resources within the public health and medical community (e.g., other LHOs, medical specialists, Washington State Association of Local Public Health Officials (WSALPHO) members, staff from the Washington State Department of Health [DOH], resource persons from the Centers for Disease Control and Prevention [CDC])
- inform the State Health Officer if there are any problems with the new health officer/mentor relationship
- work with the State Health Officer and the new LHO to determine the need for further mentoring/orientation of the new LHO prior to each annual assessment
- participate in the annual assessment meeting (for up to three years) between the State Health Officer and the new LHO (OPTIONAL)
- intermittently undertake site visits to the new LHO's office and/or have the new LHO visit the mentor's local health department office as agreed upon by the new LHO and the mentor (OPTIONAL)

Estimated Time of Commitment

The mentor will be asked to provide guidance to the new LHO for up to three years (i.e., the maximum orientation period for a new LHO). Ongoing consultation with the new health officer will vary over time but is not expected to consume more than a couple of hours each month. (Note: The new LHO and mentor will discuss the level of consultation during their initial meeting.) The mentor will need to be available for telephone calls with the State Health Officer prior to the annual assessments of the new health officer and for six-month updates about the mentor-new health officer relationship.

The mentor may participate in the annual meetings between the State Health Officer and the new LHO, make intermittent site visits to the new LHO's office, or invite the new LHO to visit the mentor's local health department office; however, commitment to these activities is optional.

Qualifications

- at least 3 years of experience as a LHO in Washington State
- successful completion of LHO orientation, if required (for LHOs newly hired after 1999 only)
- approval by mentor's Local Board of Health/local health jurisdiction administrator
- experience in a local health jurisdiction of similar nature to new LHO's jurisdiction (OPTIONAL)

Oversight

The mentor and new LHO will develop their relationship and style of interactions with minimal oversight by DOH. The State Health Officer and the leadership of the WSALPHO Local Health Officer Group will be responsible for identifying potential mentors, requesting approval from the mentor's Local Board of Health/local health jurisdiction administrator, and replacing mentors as needed. The DOH Learning Resource Coordinator will track who has been selected as a mentor, assist in facilitating the mentoring process, and help collect information for the evaluation of the process at the end of the orientation.

Every six months, the State Health Officer will confer with the mentor to evaluate the orientation process and assess the mentor/new health officer relationship. The mentor will be responsible for informing the State Health Officer if there are problems with the new LHO/mentor relationship, mentoring responsibilities become excessive, or the mentor is not able to carry out his/her responsibilities for some reason. The new LHO will also be responsible for keeping the State Health Officer apprised of the mentoring process and any problems so that the State Health Officer can provide mediation when appropriate.

Compensation

Being a local health officer mentor is a voluntary activity and comes with no financial rewards or incentives. The mentor will not be compensated for time or expenses involved with ongoing consultation with the new LHO unless pre-approved by the State Health Officer.

Evaluation

The LHO mentoring will be evaluated along with other parts of the orientation process for each new LHO completing the process. The evaluation will include an interview with the new LHO and the mentor by the DOH Learning Resource Coordinator shortly after completion of the orientation process.

Suggestions for Community Members of Importance to New Local Health Officers

Mayor(s)
County Commissioners
Local Prosecutor
Chamber of Commerce Members
Newspaper Editor(s)
Hospital Administrators
Area Clinic Administrators
Emergency Room Physicians
Local Medical Association President And Members
Other Key Physicians
Tribal leaders
Staff from tribal health care facilities
Leadership of Various Institutions (e.g., Schools, Prisons/Jails, Nursing Homes)

Commonly Used Acronyms in Public Health

AIDS	Acquired Immune Deficiency Syndrome
APHA	American Public Health Association
ASTHO	Association of State and Territorial Health Officials
ATSDR	Agency for Toxic Substances and Disease Registry (Federal)
AWC	Association of Washington Cities
BHP	Basic Health Plan
CDC	Centers for Disease Control and Prevention (Federal)
CHARS	Comprehensive Health Analysis and Reporting System
CHP	Certified Health Plan
COBRA	Consolidated Omnibus Budget Reconciliation Act
DHHS	U.S. Department of Health and Human Services (Federal)
DOH	Department of Health (State)
DPT	Diphtheria/Pertussis/Tetanus Vaccine
DRG	Diagnosis Related Group
DSHS	Department of Social and Health Services (State)
ECOLOGY	Department of Ecology (State)
EHD	Environmental Health Directors
EHS	Environmental Health Specialist
EPA	U.S. Environmental Protection Agency (Federal)
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
ERISA	Employee Retirement Income Security Act of 1974
FDA	U.S. Food and Drug Administration (Federal)
HCA	Health Care Authority
HCFA	Health Care Financing Administration (Federal)
Hep B	Hepatitis B
Hib	Haemophilus influenza Type b Vaccine
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration (Federal)
IHS	Indian Health Service (Federal)
IPA	Independent Practice Association
L&I	Department of Labor and Industries (State)
LHD	Local Health Department or District
LHJ	Local Health Jurisdiction
LHO	Local Health Officer
MCH	Maternal and Child Health
MMR	Measles/Mumps/Rubella Vaccine
NACCHO	National Association of City and County Health Officials
NALBOH	National Association of Local Boards of Health
NIH	National Institutes of Health (Federal)
NIOSH	National Institute for Occupational Safety and Health (Federal)
OSHA	U.S. Occupational Safety and Health Administration (Federal)
OSPI	Office of the Superintendent of Public Instruction (State)
PCP	Primary Care Physician
PEBB	Public Employee Benefits Board
PHIP	Public Health Improvement Plan

PHN	Public Health Nurse
PHND	Public Health Nursing Directors
PHS	U.S. Public Health Service
PPO	Preferred Provider Organization
RCW	Revised Code of Washington
RS	Registered Sanitarian
SBOH	State Board of Health
SHO	State Health Officer
SIDS	Sudden Infant Death Syndrome
STD	Sexually Transmitted Disease
TB	Tuberculosis
UR	Utilization Review
USDA	U.S. Department of Agriculture (Federal)
UW	University of Washington
WAC	Washington Administrative Code
WACO	Washington Association of County Officials
WIC	Supplemental Food Program for Women, Infants, and Children
WISHA	Washington Industrial Safety and Health Act
WSAC	Washington State Association of Counties
WSALPHO	Washington State Association of Local Public Health Officials
WSPHA	Washington State Public Health Association
WSDA	Washington State Department of Agriculture (State)